

REQUEST FOR CUMULATIVE SCHOOL HEALTH RECORD (DCH-5)

To order the Cumulative School Health Record, please complete the information below and send with **check or money order (purchase orders are not accepted)** made payable to:

DHSS Document Services Fund

Mail order information and payment to:

Missouri Department of Health & Senior Services
Fee Receipt Unit
P.O. Box 570
Jefferson City, MO 65102-0570

The cost of the Cumulative School Health Record is
\$9.⁰⁰ per package of 50 forms and includes shipping and handling.

Number of Packages Ordered: _____ x \$9.⁰⁰

Amount Enclosed: \$ _____

Name: _____

School District: _____

Phone (including area code): _____

Delivery Address: _____

City: _____ State: _____

Zip: _____

Additional order forms may be downloaded from the internet at
<http://www.dhss.mo.gov/SchoolHealth/>, after December 1, 2005

Processing may take up to six (6) weeks. If after this time you have not received your order, please contact the Department of Health and Senior Services' General Services/Warehouse at (573) 751-6048.

Department Use Only

Fund	Org	Approp	Job/Proj	Rep Cat
0646	4402	3974	QJ34	209